

**Purpose** A multiple-choice questionnaire designed to assess the respondent's knowledge of obstructive sleep apnea and Continuous Positive Airway Pressure (CPAP). Developed by Smith and colleagues [1], the questionnaire was initially intended to be administered before and after patient education programs. A significant difference between the knowledge scores achieved pre- and post-program would indicate an effective intervention. Though findings thus far have been inconclusive, the questionnaire's developers suggest that CPAP compliance may be related to patient knowledge and beliefs – a standardized tool for measuring education level will allow future studies to investigate this claim. For a similar tool, see the Apnea Beliefs Scale (Chap. 3).

**Population for Testing** No age range was specified by developers, but their study investigating the tool's psychometric properties used a sample of predominantly middle-aged (mean age,  $52.6 \pm 12.6$  SD) obstructive sleep apnea patients. The test was found to be comprehensible at about a fourth grade reading level.

**Administration** Self-report, pencil-and-paper test. Requires 5–10 min for testing.

**Reliability and Validity** In an initial study evaluating the tool's psychometric properties, Smith

et al. [1] found a low-to-modest internal consistency (Cronbach's  $\alpha = .60$ ).

**Obtaining a Copy** A published copy can be found in the original study conducted by Smith and colleagues [1].

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**Scoring** Correct responses on multiple-choice questions are given one point. For the two open-ended questions at the close of the test, respondents are awarded one point per correct element, allowing for a maximum of four points for question 16 and three points for question 17. Higher scores indicate a greater knowledge of obstructive sleep apnea and CPAP titration, while lower scores may suggest the need for educational intervention, particularly if later findings indicate a relationship between apnea-related knowledge and treatment outcomes. Until conclusive evidence has been found linking CPAP compliance to patient education, this tool is better suited to research purposes rather than clinical use.



11. The mask and frame should be washed

① every morning

② every month

③ every week

④ when necessary

12. CPAP works best when used

① whenever you sleep

② every second night

③ every night

④ weekdays only

13. CPAP should NOT be used

① in winter

② when you have a head cold

③ in summer

④ none of the above

16. What is sleep apnea? \_\_\_\_\_

17. Name three symptoms of sleep apnea? \_\_\_\_\_

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## Reference

1. Smith, S. S., Lang, C. P., Sullivan, K. A., & Warren, J. (2004). Two new tools for assessing obstructive sleep apnea and continuous positive airway pressure therapy. *Sleep Medicine*, 5, 359–367.

## Representative Studies Using Scale

Smith, S. S., Lang, C. P., Sullivan, K. A., & Warren, J. (2004). A preliminary investigation of the effectiveness of a sleep apnea education program. *Journal of Psychosomatic Research*, 56(2), 245–249.

Note: There are no items ‘14’ and ‘15’ in the original publication.